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ADVANCED PRACTICE

Senate Health and Human Services Committee,

I am writing on behalf of the M Health Fairview Center for Advanced Practice, which supports over 1200 Physician Assistants (PAs) and Nurse Practitioners (NPs) across our system. Thank you for considering SF. 4124, legislation that will help to better serve patients with mental illness.

Meeting the needs of mental health care delivery is increasingly difficult due to expanding patient volume, and the current shortages and pending retirement of psychiatrists national wide. National healthcare data is clear that we will continue to have a shortage of psychiatrists and unmet needs for patients through 2050. PAs have been but could be a larger part of providing care for patients with mental illness in MN, but subdivision 5 (sub 5) creates administrative confusion about PA practice. The language is redundant to the practice agreement of sub 3 and is entirely unnecessary to ensure safe PA practice. PAs are held to the same standards of safe care delivery as NPs and Physicians regardless of this clause.

As we strive to staff our system to meet the ever-increasing patient volumes in mental health it is imperative that we be able to fully utilize all qualified medical care providers to the full extent of their training. PAs are trained and proven in the literature to provide high-quality safe care regarding mental health conditions and to collaborate as appropriate for the needs of patients in all specialties. Removing sub 5 does not change PA training standards or expectation of proper care.

PAs provide care to complex patients that may involve mental illness across our system including but not limited to in primary care, oncology, emergency rooms, ICUs, advanced cardiac care, psychiatry, and pediatrics. There is no clause needed for a PA to know when and how to properly collaborate with other providers for diagnosis such as a cancer diagnosis, or advanced neurologic or cardiac condition, and there is no such need for a clause regarding mental illness. **Our system employs PAs in all the same areas of care as NPs and see no variance in care quality, capacity, or safety. Therefor having restrictions in PA practice that do not exist in NP practice rule creates numerous administrative and clinical staffing challenges and barriers.**

Sub 5 does not ensure safe patient care; rather causes confusion for administrative processes within our system. This clause in application serves only to sets up a burdensome potential punitive impact to a PA and system for an administrative violation rather than actually addressing patient safety. The standards of safe care are enforced by the Board of Medical Practice and they agree this clause is not needed

PAs are a needed and valuable profession to help address patient care access in all areas, especially in mental health. Removal of sub 5 will not change the standards of care for PA practice, which is the same as for NPs and Physicians, who do not have such an unnecessary clause. SF. 4124 is a commonsense bill that will allow us to better leverage all our providers, including PAs, to better to serve the mental health needs of our patients. Thank you for considering this important topic.

Respectfully submitted,

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